



FOOD ESTABLISHMENT INSPECTION REPORT

McDonald's
200 Quaker Highway
Uxbridge, MA 1569

| Inspection Number | Date | Time In/Out | Inspection Type | Client Type | Inspector | |
|-------------------|------------------|--------------------|-----------------|-------------|------------|-------|
| 1E339 | 3/4/20 | 5:22 PM 6:03 PM | Routine | Restaurant | J. Clarico | |
| Permit Number | Person In Charge | Variance | Priority | Priority f | Core | Score |
| 2019-F015 | Marc Nadeau - | | 0 | 0 | 1 | 99 |

Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection Repeat Violations Highlighted in Yellow

| Supervision | | IN | OUT | NA | NO | COS | Protection from Contamination (Cont'd) | | IN | OUT | NA | NO | COS |
|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-----|---|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----|
| 1. PIC present, demonstrates knowledge, and performs duties | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 15. Food separated and protected | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Certified Food Protection Manager | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 16. Food-contact surfaces; cleaned & sanitized | 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Employee Health | | IN | OUT | NA | NO | COS | 17. Proper disposition of returned, previously served, | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Management, food employee and conditional employee knowledge, responsibilities and reporting | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Time/Temperature Control for Safety | | IN | OUT | NA | NO | COS |
| 4. Proper use of restriction and exclusion | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 18. Proper cooking time & temperatures | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Procedures for responding to vomiting and diarrheal events | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 19. Proper reheating procedures for hot holding | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Good Hygienic Practices | | IN | OUT | NA | NO | COS | 20. Proper cooling time and temperature | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Proper eating, tasting, drinking, or tobacco use | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 21. Proper hot holding temperatures | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. No discharge from eyes, nose, and mouth | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 22. Proper cold holding temperatures | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Preventing Contamination by Hands | | IN | OUT | NA | NO | COS | 23. Proper date marking and disposition | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Hands clean & properly washed | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 24. Time as a Public Health Control; procedures & records | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. No bare hand contact with RTE food or a pre-approved | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Consumer Advisory | | IN | OUT | NA | NO | COS |
| 10. Adequate handwashing sinks supplied and accessible | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 25. Consumer advisory provided for raw/undercooked food | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Approved Source | | IN | OUT | NA | NO | COS | Highly Susceptible Populations | | IN | OUT | NA | NO | COS |
| 11. Food obtained from approved source | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 26. Pasteurized foods used; prohibited foods not offered | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Food received at proper temperature | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Food/Color Additives and Toxic Substances | | IN | OUT | NA | NO | COS |
| 13. Food in good condition, safe & unadulterated | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 27. Food additives: approved & properly used | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Required records available: shellstock tags, parasite | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 28. Toxic substances properly identified, stored & used | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Repeat Violations Highlighted in Yellow | | IN | OUT | NA | NO | COS | Conformance with Approved Procedures | | IN | OUT | NA | NO | COS |
| | | | | | | | 29. Compliance with variance/specialized process/HACCP | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Good Retail Practices

| Safe Food and Water | | IN | OUT | NA | NO | COS | Proper Use of Utensils | | IN | OUT | NA | NO | COS |
|--|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-----|
| 30. Pasteurized eggs used where required | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 43. In-use utensils: properly stored | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31. Water & ice from approved source | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 44. Utensils, equip. & linens: property stored, dried & handled | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32. Variance obtained for specialized processing methods | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 45. Single-use/single-service articles: properly stored & used | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Food Temperature Control | | IN | OUT | NA | NO | COS | 46. Gloves used properly | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 33. Proper cooling methods used; adequate equip. for temp. | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Utensils, Equipment and Vending | | IN | OUT | NA | NO | COS |
| 34. Plant food properly cooked for hot holding | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 47. All contact surfaces cleanable, properly designed, | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35. Approved thawing methods used | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 48. Warewashing facilities: installed, maintained & used; test | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 36. Thermometers provided & accurate | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 49. Non-food contact surfaces clean | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Food Identification | | IN | OUT | NA | NO | COS | Physical Facilities | | IN | OUT | NA | NO | COS |
| 37. Food properly labeled; original container | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 50. Hot & cold water available; adequate pressure | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prevention of Food Contamination | | IN | OUT | NA | NO | COS | 51. Plumbing installed; proper backflow devices | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 38. Insects, rodents & animals not present | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 52. Sewage & waste water properly disposed | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39. Contamination prevented in prep, storage & display | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 53. Toilet facilities: properly constructed, supplied, & cleaned | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40. Personal cleanliness | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 54. Garbage & refuse properly disposed; facilities maintained | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 41. Wiping cloths; properly used & stored | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 55. Physical facilities installed, maintained & clean | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 42. Washing fruits & vegetables | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 56. Adequate ventilation & lighting; designated areas use | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | 60. 105 CMR 590 violations / local regulations | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal

Inspector

PIC

Follow Up Required: ☐ Y Follow Up Date: _____

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5:22 PM
6:03 PM

Inspector
J. Clarico

Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

Protection From Contamination

Food-contact surfaces, cleaned & sanitized

16 4-602.11 (E)(4) Food-Contact Surfaces and Utensils - Kitchen -

- C** Slime on ice machine Code: Surfaces of equipment contacting food that is not TCS food (such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, equipment and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment) shall be cleaned at a frequency specified by the manufacturer, or absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold.



Check List

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

- UXBRIDGE BOARD OF HEALTH 2020 PRE-INSPECTION CHECKLIST
- PIC informed employees in verifiable manner of disease reporting
- Employees using barrier (I.e gloves, tongs, etc) when handling RTE foods?
- Employees eating/drinking in designated areas only. Drinks stored properly?
- Employees wearing clean uniform/proper hair restraints/fingernails maintained?
- Hand washing sinks have soap, paper towels, 100 water and trash bin?
- Wiping cloths stored properly and staff knowledgeable on testing
- Soap and sanitizing solutions at concentration and test strips available?
- Thermometers in all temperature holding units and available for testing food?
- Dish machines are working properly (wash temp/solutions per manufacturer)?
- Test strips and irreversible temp. devices used to confirm proper sanitization?
- Food deliveries are from approved sources, safely stored and transported?

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TCS / RTE foods are properly date marked?

IN

Clean-up of vomit and diarrheal events procedures and kit available?

IN

If applicable, grease trap logs are maintained and available?

IN

If 25 seats or more, choke saving certificate(s) available?

IN

Check List Part 2

IN= In Compliance

OUT = Out of Compliance

NA = Not Applicable

NO= Not Observed

REQUIRED SIGNAGE

IN

"A copy of the last inspection report is available upon request."

IN

Allergen Awareness Poster

IN

Allergen Notice on menu and/or menu board

IN

Current Town of Uxbridge Food Permit posted

IN

Certified Food Protection Manager certificate posted

IN

Allergen Awareness certificate posted

IN

Handwashing signage

IN

Consumer Advisory if raw or undercooked animal foods served as ready-to-eat

NA

Temperatures

| Area | Equipment | Product | Notes | Temps |
|---------|-----------------|--------------|-------|--------|
| Kitchen | Misc. | Chicken | | 34 °F |
| Kitchen | Walk-in freezer | French fries | | -4 °F |
| Kitchen | Hot hold | Chicken | | 165 °F |

Temperatures in RED identify items in the temperature danger zone. See the report notes for specific details.

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Notes

Ice machine needs to be emptied and cleaned.

Post all certificates

All temperatures good.

Overall great inspection